

On-Site Sewage Systems (Chapter 246-272 WAC)

Request For Waiver From State Regulations

SECTION I

COMPLETED BY APPLICANT

Name: (1) _____
Address: _____

Telephone: () _____
Signature: _____

Local Health Department / District (2)

Property Identification: (3) _____

SECTION II

COMPLETED BY APPLICANT

WAC Number: (4)

246-272- _____

Subsection: _____

WAC Requirement: (5)

Waiver Sought: (6)

Justification (Mitigation measures to be provided): (7)

SECTION III

COMPLETED BY HEALTH OFFICER

Review Criteria (8)

Mitigation Measures (in addition to those proposed) : (9)

Comments / Conditions: (10)

Type of Waiver: (11) ☐ Class A ☐ Class B ☐ Class C - *Request DOH review before granting?* Yes ___ No ___

Neighbor Notification: (12) Required? Yes ___ No ___ *if needed, are agreements, easements, etc. properly filed?* Yes ___ No ___

SECTION IV

COMPLETED BY HEALTH OFFICER

This Request For Waiver From State Regulations has been reviewed according to the provisions of Chapter 246-272 WAC On-Site Sewage Systems. The review criteria applied, and the mitigation measures proposed and/or required, have been evaluated for their ability to provide public health protection at least equal to that provided by this chapter WAC.

- ☐ Approved / Granted - Subject to all comments, conditions and requirements noted in Section II and III.
☐ Denied

Local Health Officer (13) _____

Date: _____

Instructions For Completing Request For Waiver From State Regulations On-Site Sewage Systems (Chapter 246-272 WAC)

Sections I. & II. are to be completed by the Applicant.

Sections III. & IV. are to be completed by the Local Health Officer or his/her authorized representative.

Most items in each Section are followed by a number in (). The instructions below are listed by these numbers.

- (1) Individual requesting waiver. (Presumed to be property owner....indicate if not.) Be sure to include mailing address and phone number.
- (2) Local Health Department. Usually this will be "filled in" by the local health agency office.
- (3) Property Identification: Provide the address, parcel number, Permit application number, or other identifying description of the property for which a waiver is being requested. A full legal description is not required.
- (4) WAC Number. Specify the particular WAC number from Chapter 246-272 WAC for which a waiver is being sought, such as "WAC 246-272-140 (I)".
- (5) WAC Requirement. State the requirement in the specified WAC for which a waiver is being sought, such as "100 foot setback from SSAS to a well".
- (6) Waiver Sought. Briefly describe the waiver sought, such as "Reduction of setback to 70 feet".
- (7) Justification. Provide the rationale for the waiver request. What site conditions, system design characteristics, etc. mitigate the concerns that resulted in the requirements in the WAC? Technical justification should include supporting data, plat plans, device or treatment methodology proposed, possible mitigating site characteristics, gross land area, other options explored, and any other pertinent data. Possible mitigation measures may include system design, site requirements, or administrative approaches. Attach additional pages, if necessary to provide the local health officer adequate information upon which to make an informed decision.
- (8) Review Criteria. Indicate which specific criteria was used in the review of the proposed waiver and mitigation measures.
- (9) Mitigation Measures. Indicate any mitigation measures required in addition to those proposed by the applicant.
- (10) Comments / Conditions. Briefly describe any concerns or issues regarding the waiver request, mitigation measures, or related issues.
- (11) Type of Waiver. Indicate which category of waivers this particular request is in. For Class C Waivers, indicate if DOH review is to be requested before a decision is made to grant the request.
- (12) Neighbor Notification. Are there any aspects of this waiver request for which notification to and/or permission by, adjoining or nearby property owners / dwellers would be appropriate?
- (13) Local Health Officer. This is where the Local Health Officer, or his/her authorized representative, by checking the appropriate box and signing, grants or denies the requested waiver.

Assistance For Applicants
Requesting a Waiver From
State Regulations may be
obtained from the Local Health
Department or District.

Health Department / District Health Officers may obtain
assistance from the Washington State Department of Health in
their review of proposed Waiver From State Regulations.
Western Washington: (360) 586-8125 / John Eliasson
Eastern Washington: (509) 456-2490 / George Schlender